<u>Academic Plan</u>
(University programs full or part-time student) Submit with the CP24 Application for University Training

Applicant Name:	Last Name				First Name MI		MI	4I	
Applicant							.1		
Organization									
Address:									
Name of									
School:									
Address of									
School:									
City:			State	State:			ZIP:		
Listing of	courses	sche	duled :	for the	12 or 24 mon	th tr	aining	period. The	
credit hour tuition and cost of books for each class must be shown. The start									
					ch course mu				
COURSE NAME		COURSE		CREDITS			ST OF		
		CODE		PER	HOUR	В	OOKS	COURSE STARTS-	
				COURSE				MMM-YY	
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			T						
Name of Counselor:			Signa	ture:		Dat	Date:		